

VERIFICATION OF REGISTRATION

TO BE COMPLETED BY APPLICANT:

NAME AND ADDRESS OF BOARD COMPLETING THIS FORM

Name of Applicant

+

+

Street of Address

City, State, Zip

+

+

Social Security Number

Date


LICENSE OR CERTIFICATE #: _____

DISCIPLINE: _____

TO BE COMPLETED BY AFFILIATED STATE BOARD:

LIST ALL REGISTRATIONS, INCLUDING DISCIPLINE AND OPTION

THE ABOVE NAMED PERSON HAS A CERTIFICATE OR WAS REGISTERED AS:

- ☐ Fundamentals of Engineering
- ☐ Professional Engineer
- ☐ Structural Engineer
-  ☐ Land Surveyor-in-Training
- ☐ Professional Land Surveyor

Discipline	Certification Number	Identification Number	Date Issued	Valid Until

BASIS OF REGISTRATION:

1. ☐ Written Examination

	Hours	NCEES?		State Specific	Exam Date	Option (Discipline)
		Yes	No			
*Fundamentals of Engineering		<input type="checkbox"/>	<input type="checkbox"/>			
Principles and Practice of Engineering		<input type="checkbox"/>	<input type="checkbox"/>			
Structural		<input type="checkbox"/>	<input type="checkbox"/>			
*Fundamentals of Land Surveying		<input type="checkbox"/>	<input type="checkbox"/>			
Principles and Practice of Land Surveying		<input type="checkbox"/>	<input type="checkbox"/>			

*Fundamental Examination Accepted from _____

2. ☐ Oral Examination

_____ Hrs. PE

_____ Hrs. LS

3. ☐ Comity With:

① _____

② _____

4. ☐ Other: Please give full details on other side of this sheet.

BOARD SEAL

Any Disciplinary Action Taken? ☐ No ☐ Yes (Please explain on reverse)

By: _____

Title: _____

Date: _____